

## REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE State Form 4606 (R13/11-05)

(CFA-4)

in g	Indiana Florian Commission (IC C C C C)	Summary Sheet
	Indiana Election Commission (IC 3-9-5-14)	FILE NUMBER
	NS: Please type or print legibly IN BLACK INK all information on this form. For completing this form, see instructions on the reverse side.	TOTAL PAGES IN ENTIRE CFA-4 REPORT
IS THIS	AN AMENDMENT? Yes X No HAMILTON	O-RELITY COURTS

IS THIS AN AMENDMENTS TO VOC. V. No. HAMILTON OF			IRE CFA-4 REPORT
IS THIS AN AMENDMENT?  Yes X No		4	
COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization)	name		
Thomas for County Council			
2. Acronym or Abbrevlated Name (if any)	3. Com	mittee Telephone Numbe	1
	(317)	205 6061	
4. Malling Address (address where all campaign finance correspondence is received)	heck if this	s is a new address	
7 Cool Creek Circle			
5. City, State, ZIP Code	6. Party	Affiliation ( <i>if applicable</i> )	Republican
Carmel, Indiana 46033			
CANDIDATE INFORMATION (For Candidate's C	ommitte	ees Only)	
7. Full Name of Candidate (include any nickname)	1	Affiliation or If Independe	ent Candidate
Ronald Wayne Thomas	Republi	ican	
9. Office Sought (Include district number, If any. Not required for exploratory committee.)	10. Cou	unty of Residence Hamil	ton, Indiana
Hamilton County Council, District 4	, <u>_</u>		
TYPE OF REPORT		CONVENTION	ON CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election X Annual Nomination Other	<del></del>	Pre-Cor	
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of	f Organization	n) Post-Co	envention
12. Reporting Period:		COLUMN A	COLUMN B
From: 4-9-2010 Through: 12-31-16	0	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		325.00	
14. Cash on hand and investments January 1, current year.			111.27
CONTRIBUTIONS AND RECEIPTS  (Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	_		
		1250.00	3225.88
15a. Itemized (use Schedule A)		0	0
15b. Unitemized  15c. Add lines 15a and 15b in both columns  SUBT	OTAL	1250.00	3225.88
	TOTAL	1575.00	3225.88
EXPENDITURES	IOIAL	1373.00	3223.88
(Note: These amounts include In-kind expenditures and loan repayments.)			
17a. Itamized (use Schedule B) (Public Question: use Schedule C)		1463.73	3114.61
17b. Unitemized		0	0
17c. Add lines 17a and 17b in both columns SUB	TOTAL	1463.73	3114.61
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	111.27	111.27
19. Debts OWED BY the committee (use Schedule D)		0	
20. Debts OWED TO the committee (use Schedule E)		3100.88	
CCTTGCATION			FOR OFFICE USE ONLY
TIFICATION		BECT AND COMPLETE	A COLUMN TO A COLU

TIFICATION	
T OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CORRECT AND COMPLETE.
Title	Date 1-19-11
TREBULER	
	Date 1-19-11
for sale or used for any commercial purpos	e. (IC 3-9-4-5) A person who knowingly
person who falls to file a complete or acci	
and may be subject to civil penalties. (/C :	3-9-4-16, IC 3-9-4-17, IC <b>3-9-4-18)</b> 🔾



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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK (NK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repeyments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER				
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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. Ron Thomas 7 Cool Creek Circle Carmel, Indiana 48033	Contributions:  Direct In-Kind (describe)  Other Receipts: Interest X Loan Misc. (specify)	1250 0		Ron Thomas
Contributor's Occupation (if required)				
2.	Contributions; Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)		r	
Contributor's Occupation (if required)				
3.	Contributions:  Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
Contributor's Occupation (if required)				
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE)	A ON THE LAST PAGE ONLY If 15a of the Summary Sheet)	\$		



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### (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER				
	_			
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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF FXPENDITURE
Code A  Pennacie Marketing  Louisville Ky		X Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	711.18	1611.18	4-23
Code A  Harcourt Industries  Milroy Indiana		X Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	497.55	497.55	4-23
Code A  Current Newspaper  Carmel Indians		X Direct In-Kind Payment of Debl Returned Contribution Other Purpose:	255.00	255.00	5-3
Code		Oirect In-Kind Payment of Debt Returned Contribution Other Purpose: Mailing list			
Code		Diroct In-Kind Psyment of Debi Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Peyment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PA	GE OF SCHEDULE B	\$1463.73		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)					



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### (CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A tender's occupation is required if an individual makes toans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIF code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, 2IP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YFAR TO DATE	OUTSTANDING BALANCE THIS PERIOD
Ron Thomas 7 Cool Cresk Circle Carmel Indiane 46033		1250.00	5-11	3100.88	3100.88
LENDER'S OCCUPATION:		loan			
LENDER'S OCCUPATION:					
				ĺ	
LENDER'S OCCUPATION:					
			_	1	
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION			L TUIS DAGE	DE ROUEDIN E D	t2400 00
				OF SCHEDULE D	\$3100.88
	TOTAL OF ALI	L PAGES OF SCHEDUI Enter total on	LED ON THE LI ITEM 19 of the	AST PAGE ONLY Summary Sheet)	\$3100.88